

RIS. APP. TO PROC. IN FORMA PAUPERIS, Case No. _____ - 1 -

1 If the answer is "no," state the date of last employment and the amount of the gross and net
 2 salary and wages per month which you received. (If you are imprisoned, specify the last
 3 place of employment prior to imprisonment.)

4 **Note: Petitioner has been incarcerated for 25 years and has**
 5 **no prior employment on record with SSI.**
 6 _____

7 2. Have you received, within the past twelve (12) months, any money from any of the
 8 following sources:

- 9 a. Business, Profession or Yes ____ No X
 10 self employment X
 11 b. Income from stocks, bonds, Yes ____ No X
 12 or royalties?
 13 c. Rent payments? Yes ____ No X
 14 d. Pensions, annuities, or Yes ____ No X
 15 life insurance payments?
 16 e. Federal or State welfare payments, Yes ____ No X
 17 Social Security or other govern-
 18 ment source?

19 If the answer is "yes" to any of the above, describe each source of money and state the amount
 20 received from each.

21 None.
 22 _____

23 3. Are you married? Yes ____ No X

24 Spouse's Full Name: None.

25 Spouse's Place of Employment: None.

26 Spouse's Monthly Salary, Wages or Income:

27 Gross \$ None. Net \$ None.

28 4. a. List amount you contribute to your spouse's support: \$ None.

- b. List the persons other than your spouse who are dependent upon you for support and indicate how much you contribute toward their support. (NOTE: For minor children, list only their initials and ages. DO NOT INCLUDE THEIR NAMES.).

None.

5. Do you own or are you buying a home? Yes ___ No x

Estimated Market Value: \$ None. Amount of Mortgage: \$ None.

6. Do you own an automobile? Yes ___ No x

Make None. Year None. Model None.

Is it financed? Yes None. No ___ If so, Total due: \$ None.

Monthly Payment: \$ _____

7. Do you have a bank account? Yes ___ No x (Do not include account numbers.)

Name(s) and address(es) of bank: None.

Present balance(s): \$ None.

Do you own any cash? Yes ___ No x Amount: \$ None.

Do you have any other assets? (If "yes," provide a description of each asset and its estimated market value.) Yes ___ No x

8. What are your monthly expenses?

Rent: \$ None. Utilities: None.

Food: \$ None. Clothing: None.

Charge Accounts:

Name of Account	Monthly Payment	Total Owed on This Acct.
<u>None.</u>	\$ <u>None.</u>	\$ <u>None.</u>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

9. Do

1 you have any other debts? (List current obligations, indicating amounts and to whom they are
2 payable Do not include account numbers.)

3 None.

4
5 10. Does the complaint which you are seeking to file raise claims that have been presented
6 in other lawsuits? Yes ___ No x

7 Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in
8 which they were filed.

9 None.

10
11 I consent to prison officials withdrawing from my trust account and paying to the court
12 the initial partial filing fee and all installment payments required by the court.

13 I declare under the penalty of perjury that the foregoing is true and correct and
14 understand that a false statement herein may result in the dismissal of my claims.

15 4-7-08

16
17 DATE

18 Ivan Von Staich

19 SIGNATURE OF APPLICANT

20
21 IVAN VON STAICH
22 Petitioner In Pro Se
23 Without Bar Licensed Counsel
24
25
26
27
28

IVAN VON STAICH

Case Number: _____

v.

Ben Curry, Warden CTF-
Soledad, et al.,

CERTIFICATE OF FUNDS
IN
PRISONER'S ACCOUNT

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of Staich, Ivan for the last six months at Correctional Training Facility P. O. Box 886 (5 Miles N of Soledad on US 101) Soledad, California 93960 [prisoner name] ATTN: Trust office where (s)he is confined.

[name of institution]

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ 0 and the average balance in the prisoner's account each month for the most recent 6-month period was \$ 0.

Dated: 4/17/08

Yolande Chang
[Authorized officer of the institution]
Acct 1 Specialist

Correctional Training Facility
P. O. Box 886
(5 Miles N of Soledad on US 101)
Soledad, California 93960
ATTN: Trust office



THE WITHIN INSTRUMENT IS A CORRECT
COPY OF THE TRUST ACCOUNT MAINTAINED
BY THIS OFFICE.
ATTEST: 4-17-08

CALIFORNIA DEPARTMENT OF CORRECTIONS
BY Yolande Chang
TRUST OFFICE
Acct 1 Specialist

REPORT ID: TS3030 .701

REPORT DATE: 04/17/08
PAGE NO: 1CALIFORNIA DEPARTMENT OF CORRECTIONS
CTF SOLEDAD/TRUST ACCOUNTING
INMATE TRUST ACCOUNTING SYSTEM
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: NOV. 18, 2007 THRU APR. 17, 2008

ACCOUNT NUMBER : E10079
ACCOUNT NAME : STAICH, IVAN
PRIVILEGE GROUP: A
BED/CELL NUMBER: CFCWT1000000137L
ACCOUNT TYPE: I

TRUST ACCOUNT ACTIVITY

<< NO ACCOUNT ACTIVITY FOR THIS PERIOD >>

CURRENT HOLDS IN EFFECT				
DATE PLACED	HOLD CODE	DESCRIPTION	COMMENT	HOLD AMOUNT
04/04/2008	H118	LEGAL COPIES HOLD	3180 LCOPY	11.90
04/09/2008	H109	LEGAL POSTAGE HOLD	3287 LPOST	1.14
TRUST ACCOUNT SUMMARY				
BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE
0.00	0.00	0.00	0.00	13.04
				0.00

CURRENT AVAILABLE BALANCE	13.04-
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BY THIS OFFICE.

ATTEST: 4-17-08

CALIFORNIA DEPARTMENT OF CORRECTIONS
BY *Yolanda Chang*

Acct 1 Specialist

Correctional Training Facility
P. O. Box 688
(5 Miles N of Soledad on US 101)
Soledad, California 93960
ATTN: Trust office